

BEST AVAILABLE COPY

Lamont Hunter
PCT International Division
(703) 305-3886

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						10/069426				
						APPLICANT(S)				
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1						51				
2						52				
3						53				
4						54				
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44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	5					TOTAL IND.				
TOTAL DEP.	14	↔		↔	↔	TOTAL DEP.				
TOTAL CLAIMS	19	██████████		██████████	██████████	TOTAL CLAIMS	██████████	██████████	██████████	██████████